

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

**ATTORNEY
COPY**

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4855

vs.

KAREN COOPER
JAMES T. COOPER SR.

Defendants

FILED APR 28 2003

CERTIFICATE OF SERVICE
PURSUANT TO Pa.R.C.P. 3129.2 (c) (2)

Joseph A. Goldbeck, Jr., Esquire, Attorney for Plaintiff, hereby certifies that service on the Defendants of the Notice of Sheriff Sale was made by:

- ☐ Personal Service by the Sheriff's Office/competent adult (copy of return attached).
- ☒ Certified mail by Joseph A. Goldbeck, Jr. (original green Postal return receipt attached).
- ☐ Certified mail by Sheriff's Office.
- ☐ Ordinary mail by Joseph A. Goldbeck, Jr., Esquire to Attorney for Defendant(s) of record (proof of mailing attached).
- ☐ Acknowledgment of Sheriff's Sale by Attorney for Defendant(s) (proof of acknowledgment attached).
- ☐ Ordinary mail by Sheriff's Office to Attorney for Defendant(s) of record.

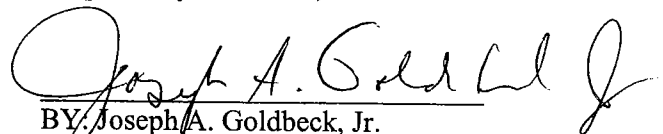
IF SERVICE WAS ACCOMPLISHED BY COURT ORDER.

- ☐ Premises was posted by Sheriff's Office/competent adult (copy of return attached).
- ☐ Certified Mail & ordinary mail by Sheriff's Office (copy of return attached).
- ☐ Certified Mail & ordinary mail by Joseph A. Goldbeck, Jr. (original receipt(s) for Certified Mail attached).

Pursuant to the Affidavit under Rule 3129 (copy attached), service on all lienholders (if any) has been made by ordinary mail by Joseph A. Goldbeck, Jr., Esquire (copies of proofs of mailing attached).

The undersigned understands that the statements herein are subject to the penalties provided by 18 P.S. Section 4904.

Respectfully submitted,



BY: Joseph A. Goldbeck, Jr.
Attorney for Plaintiff

TO: COOPER SR., JAMES T. (proeprty)
JAMES T. COOPER SR.
 606 LINCOLN STREET
 OXFORD, PA 19363

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 10, 2003

REFERENCE: COOPER, KAREN / USA-0180
 - Chester

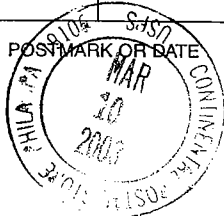
PS Form 3800, June 2000

RETURN
RECEIPT
SERVICE

Postage	
Certified Fee	
Return Receipt Fee	
Restricted Delivery	
Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



TO: COOPER, KAREN
KAREN COOPER
 606 Lincoln Street
 Oxford, PA 19363

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 8, 2003

REFERENCE: COOPER, KAREN / USA-0180
 - Chester

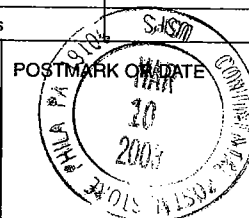
PS Form 3800, June 2000

RETURN
RECEIPT
SERVICE

Postage	
Certified Fee	
Return Receipt Fee	
Restricted Delivery	
Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



7160 3901 9844 3518 2429

TO: COOPER SR., JAMES T.
JAMES T. COOPER SR.
 777 CHERRY TREE ROAD, #E75
 ASTON, PA 19014

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 10, 2003

REFERENCE: COOPER, KAREN / USA-0180
 - Chester

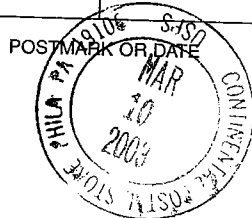
PS Form 3800, June 2000

RETURN
RECEIPT
SERVICE

Postage	
Certified Fee	
Return Receipt Fee	
Restricted Delivery	
Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



7160 3901 9844 3518 2405

TO: COOPER, KAREN
KAREN COOPER
 777 CHERRY TREE ROAD, #E75
 ASTON, PA 19014

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 10, 2003

REFERENCE: COOPER, KAREN / USA-0180
 - Chester

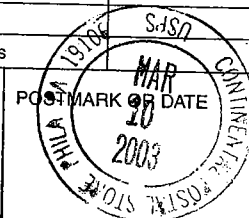
PS Form 3800, June 2000

RETURN
RECEIPT
SERVICE

Postage	
Certified Fee	
Return Receipt Fee	
Restricted Delivery	
Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



TO: COOPER SR., JAMES T.
JAMES T. COOPER SR.
 825 South High Street Apt 4
 West Chester, PA 19382

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 8, 2003

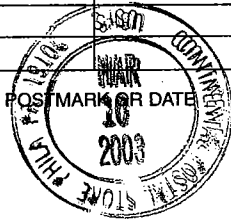
REFERENCE: COOPER, KAREN / USA-0180
 - Chester

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



TO: COOPER, KAREN
KAREN COOPER
 825 SOUTH HIGH STREET APT.4
 WEST CHESTER, PA 19382

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 March 10, 2003

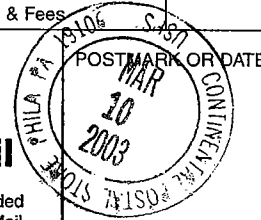
REFERENCE: COOPER, KAREN / USA-0180
 - Chester

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



7160 3901 9844 3518 0913

TO: COOPER, SR., JAMES T.
JAMES T. COOPER, SR.
 216 W. Main Street
 Ephrata, PA 17522

SENDER: GOLDBECK MCCAFFERTY & MCKEEVER
 April 8, 2003

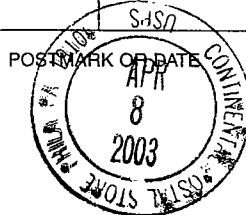
REFERENCE: COOPER, KAREN / USA-0180
 04/30/03 Chester

PS Form 3800, June 2000

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

US Postal Service
**Receipt for
 Certified Mail**

No Insurance Coverage Provided
 Do Not Use for International Mail



GOLDBECK McCAFFERTY & McKEEVER

Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Name and Address of Sender

Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Int'l Rec. Del.
☐ Del. Confirmation (DC)

If Registered Mail:
☐ Insured
☐ Not Insured

Attach stamp here if issued as certificate of mailing, or for additional copies of this bill.
Postmark and Date of Receipt

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender if COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee	Remarks
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1 AMERICAN FROZEN FOODS, INC.
355 Benton Street
Stratford, CT 06497

2 PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675

3 DOMESTIC RELATIONS OF CHESTER COUNTY
117 West Gay Street
PO Box 2748
West Chester, PA 19380

4 OCCUPANTS/TENANTS
606 Lincoln Street
Oxford, PA 19363



1473 U.S. POSTAGE
9471 \$03.60
0082 MAILED FROM ZIP CODE 19106
PB2211913
MAR 10 03

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per (Name of receiving employee)	The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual R900, S913, and S921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.											
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US Form 3877, April 1999

Complete by Typewriter, Ink, or Ball Point Pen

Cooper

USA

GOLDBECK McCAFFERTY & McKEEVER

Suite 500 The Bourse Building
111 S. Independence Mall East
Philadelphia, Pennsylvania 19106

Name and Address of Sender

Check type of mail:
☐ Express
☐ Registered
☐ Insured
☐ COD
☐ Return Receipt (RR) for Merchandise
☐ Certified
☐ Del. Confirmation (DC)

If Registered Mail check below:
☐ Insured
☐ Not Insured

Affix stamp here if issued as certificate of mailing, or for additional copies of this bill.

Postmark and Date of Receipt

Line	Article Number	Addressee Name, Street, and PO Address	Postage	Fee	Handling Charge	Actual Value (If Reg.)	Insured Value	Due Sender If COD	RR Fee	DC Fee	SC Fee	SH Fee	SD Fee	RD Fee	Remarks
1															
2															
3		CHESTER CO ADULT PROBATION & PAROLE DEPT 2 N. High Street, Suite 403 West Chester, PA 19380													
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
Total Number of Pieces Listed by Sender			Total Number of Pieces Received at Post Office			Postmaster, Per (Name of receiving employee)			The full declaration of value is required on all domestic and international registered mail. The maximum indemnity payable for the reconstruction of nonnegotiable documents under Express Mail document reconstruction insurance is \$50,000 per piece subject to a limit of \$500,000 per occurrence. The maximum indemnity payable on Express Mail merchandise insurance is \$500. The maximum indemnity payable is \$25,000 for registered mail, sent with optional postal insurance. See Domestic Mail Manual R300.3913 and 3921 for limitations of coverage on insured and COD mail. See International Mail Manual for limitations of coverage on international mail. Special handling charges apply only to Standard Mail (A) and Standard Mail (B) parcels.						


PS Form 3877, April 1999


Complete by Typewriter, Ink, or Ball Point Pen



Copy

US A

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7160 3901 9844 3518 0913		A. Received by (Please Print Clearly)	B. Date of Delivery 4-12-03
		C. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee James T. Cooper	
3. Service Type CERTIFIED MAIL		D. Is delivery address different from item 1? If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to:			
COOPER, SR., JAMES T. JAMES T. COOPER, SR. 216 W. Main Street Ephrata, PA 17522			
GOLDBECK MCCAFFERTY & MCKEEVER COOPER, KAREN / USA-0180 04/30/03 Chester PS Form 3811, July 2001 Domestic Return Receipt			

2. Article Number		COMPLETE THIS SECTION ON DELIVERY	
 7160 3901 9844 2550 7690		A. Received by (Please Print Clearly) Christine Cooper	B. Date of Delivery 3-11-03
		C. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee Christine Cooper	
3. Service Type CERTIFIED MAIL		D. Is delivery address different from item 1? If YES, enter delivery address below:	
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes			
1. Article Addressed to:			
COOPER, KAREN KAREN COOPER 606 Lincoln Street Oxford, PA 19363			
GOLDBECK MCCAFFERTY & MCKEEVER COOPER, KAREN / USA-0180 - Chester PS Form 3811, July 2001 Domestic Return Receipt			

UNITED STATES DISTRICT COURT
FOR THE
EASTERN DISTRICT OF PENNSYLVANIA

UNITED STATES OF AMERICA

Plaintiff

CIVIL NO. 02-CV-4855

vs.

KAREN COOPER
JAMES T. COOPER SR.

Defendants

FILED APR 2 6 2003

SUPPLEMENTAL AFFIDAVIT PURSUANT TO RULE 3129

THE UNITED STATES OF AMERICA, Plaintiff in the above action, by its attorney, Joseph A. Goldbeck, Jr., Esquire, sets forth as of the date the praecipe for the writ of execution was filed the following information concerning the real property located at:

606 Lincoln Street
Oxford, PA 19363

1. Name and address of Owners or Reputed Owners:

KAREN COOPER
606 Lincoln Street
Oxford, PA 19363

JAMES T. COOPER SR.
825 South High Street Apt 4
West Chester, PA 19382

2. Name and address of Defendants in the judgment:

KAREN COOPER
606 Lincoln Street
Oxford, PA 19363

JAMES T. COOPER SR.
825 South High Street Apt 4
West Chester, PA 19382

3. Name and last known address of every judgment creditor whose judgment is a record lien on the property to be sold:

CHESTER CO ADULT PROBATION & PAROLE DEPT
2 N. High Street, Suite 403
West Cherster, PA 19380

AMERICAN FROZEN FOODS, INC.
355 Benton Street
Stratford, CT 06497

PA DEPARTMENT OF PUBLIC WELFARE
Bureau of Child Support Enforcement
Health and Welfare Bldg. - Room 432
P.O. Box 2675
Harrisburg, PA 17105-2675

DOMESTIC RELATIONS OF CHESTER COUNTY
117 West Gay Street
PO Box 2748
West Chester, PA 19380

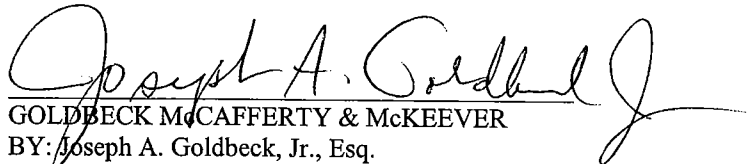
4. Name and address of the last recorded holder of every mortgage of record:
5. Name and address of every other person who has any record interest in or record lien on the property and whose interest may be affected by the sale:
6. Name and address of every other person of whom the plaintiff has knowledge who has any record interest in the property which may be affected by the sale.
7. Name and address of every other person of whom the plaintiff has knowledge who has any interest in the property which may be affected by the sale.

OCCUPANTS/TENANTS
606 Lincoln Street
Oxford, PA 19363

(attach separate sheet if more space is needed)

I verify that the statements made in this affidavit are true and correct to the best of my personal knowledge or information and belief. I understand that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

DATED: March 21, 2003


GOLDBECK McCAFFERTY & McKEEVER
BY: Joseph A. Goldbeck, Jr., Esq.
Attorney for Plaintiff

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF

THE UNITED STATES OF AMERICA

COURT CASE NUMBER

02-CV-4855

DEFENDANT

KAREN COOPER & JAMES T. COOPER SR

TYPE OF PROCESS NOTICE OF US MARSHAL SALE

SERVE

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

KAREN COOPER & JAMES T. COOPER SR

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

AT

606 LINCOLN STREET OXFORD, PA 19363

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

GOLDBECK McCAFFERTY & McKEEVER

Suite 500 The Bourse Building

111 S. Independence Mall East

Philadelphia, Pennsylvania 19106

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

PLEASE POST HANDBILL

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

215-627-1322

DATE

3-10-03

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated.

(Sign only first USM 285 if more than one USM 285 is submitted)

Total Process

1

District of Origin

No. 66

District to Serve

No. 66

Signature of Authorized USMS Deputy or Clerk

[Signature]

Date

3-11-03

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service

3/12/03

Time

4:30

am

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee

Total Mileage Charges (including endeavors)

38.52 (107 miles)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal or

38.52

Amount of Refund

REMARKS:

POSTED - HAVE COPIES

NOTE

PRIOR EDITIONS
MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)